Exhibit 5

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

IN RE: INSULIN PRICING LITIGATION	**Case No. 2:23-md-03080 (BRM)(RLS)** **MDL No. 3080**
This document relates to: State Attorney General Track	**JUDGE BRIAN R. MARTINOTTI** **JUDGE RUKHSANAH L. SINGH**

STATE ATTORNEY GENERAL PLAINTIFF FACT SHEET

Please provide the following information for each State Attorney General Track complaint in *In Re: Insulin Pricing Litigation*, MDL No. 3080. In completing this Plaintiff Fact Sheet ("PFS"), You are under oath and must provide information that is true and correct to the best of Your knowledge, information, and belief. The scope of the questions herein and responses thereto will be limited to information and/or documents within each plaintiff's possession, custody, or control. To the extent a plaintiff lacks information or documents in its possession, custody, or control in response to the questions or documents requests below, it shall expressly state it lacks such information in its response.

This PFS constitutes discovery responses subject to the Federal Rules of Civil Procedure. You must promptly supplement Your responses if You learn that they are incomplete or inaccurate in any respect. Each question in this PFS is continuing in nature and requires supplemental answers as You obtain further information between completing this PFS and trial. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Stipulated Confidentiality Order entered in this MDL proceeding. (*See* Dkt. 117.)

INSTRUCTIONS

1. None of the questions in this PFS seek privileged information. To the extent You believe that any form of privilege prevents You from fully answering a question, state Your basis for withholding an answer or part of an answer on the grounds of privilege and which privilege You believe applies. If you assert that part of a question is objectionable or calls for privileged information, respond to the remaining parts of the question to which you do not object.

2. The word "Including" shall mean "including but not limited to."

3. All definitions provided herein are limited to the use of the terms in these Requests.

DEFINITIONS

1. "Administrative Fees" means any fee paid by a manufacturer to a PBM in exchange for any administrative service the PBM performs.

2. "At-Issue Products" means the insulin products and any other pharmaceuticals that you identify in response to Question No. 14.

3. "Health Plan" means all health plans offered by, administered by, or sponsored by a State agency, department, unit, or entity during the Period that the Health Plan offered or included Prescription Drug Coverage.

4. "Out-of-Pocket Maximum" means the maximum amount of allowable costs or expenses that a person with any form of health insurance, health coverage, prescription drug plan, or any other health plan that helps enrollees pay for prescribed pharmaceuticals can incur during a given year through their health insurance.

5. "PBM" means pharmacy benefit manager.

6. "Prescription Drug Coverage" means any form of health insurance, health coverage, prescription drug plan, Medicaid plan/program or any other health plan that helps enrollees pay for prescribed pharmaceutical drugs.

7. "Rebates" means any rebate, payment, discount, or other price concession made or paid by a manufacturer to a PBM.

8. "Third-Party Advisor" means any advisor, auditor, consultant, contractor, or other entity You contracted with, retained, or used to provide consulting, research, analysis, audits, accounting, financial advice, or other advice concerning the subject matter of this litigation, including matters related to pharmaceutical spending, the At-Issue Products, and Prescription Drug Coverage.

9. "Time Period" means January 1, 2011 to January 1, 2023.

10. "WAC" means wholesale acquisition cost.

11. "You" or "Your" means the State Attorney General acting as a state official in its independent enforcement capacity. In those cases where a State health plan and/or State Medicaid program is also a plaintiff, "You" or "Your" also includes the State health plan and Medicaid program.

QUESTIONS

I. CASE INFORMATION

1. Plaintiff: _____

2. Case name and caption number: _____

3. Name, firm, and e-mail of principal attorney(s) representing You: _____

4. Defendants: _____

5. Are You bringing Your complaint on behalf of any State agency in its capacity as a health payor? __ Yes __ No

   If yes, in the form of the table below, identify every State agency on whose behalf You bring this complaint and the Health Plan(s) offered by the State agency ("Your Health Plan(s)"):

State Agency	Health Plan(s) Offered By Agency

6. Are You bringing Your complaint to recover for purchases made for any State-run facility?

   If yes, in the form of the table below, identify every State-run facility for which You seek to recover:

State Run Facility

7. Are You bringing Your complaint on behalf of citizens or residents of Your State (e.g., in a *parens patriae* or other capacity) and/or in the public interest under Your State's laws? __ Yes __ No

   If yes, please answer all questions in Section XI ("Parens Patriae Claims") below.

8. Are You bringing Your complaint on behalf of any other person or entity not listed in Questions 5-7? __ Yes __ No

   If yes, please describe the other persons or entities You bring Your complaint on behalf of:

   _____

II. BENEFICIARIES *(only answer the questions in this section, if You answered "yes" to question 5. If not, You may leave these questions blank)*

9. In the table below, provide the total number of individuals enrolled in Your State's Health Plan(s) as identified in #5 above, including primary and dependent beneficiaries, for each year of the Time Period:

Year	Number of Individuals
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	

10. Provide the total number of individuals who used Your State's Health Plan(s) as identified in #5 above to purchase or use At-Issue Products during each year of the Time Period.

Year	Number of Individuals
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	

III. PERSONS OR ENTITIES WITH RELEVANT KNOWLEDGE

11. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. In the form of the table below, identify the name, title, and dates of employment of current and former employees, who had any responsibility over the design or administration of Prescription Drug Coverage for Your Health Plan(s) identified in Your response to question 5, during the Time Period.

Name	Title	Dates of Employment or Contract	Name

12. To the extent not included in response to Question No. 11 above, in the form of the table below, identify by name, title, and dates of employment Your current and former employees or representatives with knowledge regarding the allegations in Your Complaint.

Name	Title	Dates of Employment

13. In the form of the table below, identify by name any department, agency, investigative unit, entity, or other program with responsibilities related to the allegations in Your Complaint. Summarize each of those entities' area of responsibility:

Entity Name	Area of Knowledge or Responsibility

IV. AT-ISSUE PRODUCTS

14. Identify every diabetes drug or other pharmaceutical that You allege is relevant to any claim for damages or other relief You seek in this case (the "At-Issue Products")[1]:

_____

15. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. In the form of the table below or through the production of documents, for each At-Issue Product, provide the total amount of money spent on the At-Issue Product for members enrolled in Your Health Plan(s) identified in response to question 5 for each year during the Time Period, and the total Rebates received by Your Health Plan(s).

At-Issue Product	Year	Total Number of Scripts	Total Spent	Total Rebates Received

V. YOUR STATE'S HEALTH PLANS *(only answer the questions in this section, if You answered "yes" to question 5. If not, You may leave these questions blank.)*

16. In the form of the table below, for each Health Plan identified in Your response to question 5, identify the plan identification number, name, or other plan identifier and the starting and ending dates for each plan year during the Time Period:

Health Plan Identifier	Start Date	End Date

17. In the table below, identify the PBMs or other entities that administered the Prescription Drug Coverage for Your Health Plan(s) identified in Your response to question 5:

[1] In seeking this information, Defendants do not concede that any pharmaceuticals identified by You are relevant.

Health Plan Identifier	Plan Year	PBM or Other Entity

18. Identify all insurers or third-party administrators for Your State's Health Plan(s) identified in response to question 5:

_____

VI. REBATES AND FEES

19. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. In the form of the table below, identify each contract Your Health Plan(s) have or had with a PBM during the Time Period, including the identity of the PBM and/or other party with which Your State's Health Plan contracted, and the year. Include in Your answer any addendums or other agreements Your State's Health Plan entered pursuant to an existing master agreement. If a contract was entered into before the Time Period began but did not expire until after the Time Period began, identify that contract as well:

Contract	PBM Contracting Entity	Year(s)

20. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. Has Your Health Plan(s) identified in Your response to question 5 ever used preventative drug lists, drug affordability programs, or any other program to lower or cap the out-of-pocket costs of the At-Issue Products for its members? _____ Yes _____ No

If yes, in the form of the table below, identify each such program, the year the program was implemented, and the applicable At-Issue Products:

Health Plan	Program	Year	At-Issue Product

21. Have You implemented a State Pharmaceutical Assistance Program (SPAP) or State Discount Program (SDP)? ____ Yes _____ No

If yes, in the form of the table below, identify any SPAP or SDP, the year the program was implemented, the applicable At-Issue Products, the populations covered by the program, the total number of applicants, the number of denied applicants, and the number of individuals who used the program:

SPAP/SDP	Year	At-Issue Products	Covered Population(s)	No. of Applicants	No. of Applicants Denied	No. of Users

22. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. Has Your State's Health Plan ever passed Rebates received from a PBM or other contracting entity through to Your State's Health Plans' members at the point of sale for any of the At-Issue Products? _____ Yes _____ No

If yes, in the form of the table below, identify each such Health Plan that passed on Rebates, the years the Health Plan passed on Rebates, the At-Issue Products for which the Health Plan passed on Rebates, and the percentage of Rebates that the Health Plan passed on to members at the point of sale:

Health Plan	Year Passed on Rebate or Fee	At-Issue Product	Percentage of Rebate or Fee Passed on

23. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. Other than passing Rebates through to Plan members at the point of sale, describe the ways in which Your Health Plan(s) identified in response to question 5 use Rebates received from PBMs or other contracting entities for At-Issue Products:

_____

24. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. In any contract identified in response to Question No. 19, did any other PBM or any other contracting entity submit bids/proposals? _____ Yes _____ No

If yes, identify any entity submitting competing bids/proposals, and produce the competing bids.

_____

25. ***If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank***. During the relevant time period, did Your Health Plan(s) identified in response to question 5 contract with, or use master contracts from, any other entities (e.g. MMCAP) for Rebates, fees, or other price concessions related to purchasing pharmaceutical products?

_____ Yes _____ No

If yes, in the form of the table below, identify each such contract, the contracting entity, the year, and the percentage of or other determinant of the Rebates, fees, or price concessions the

contracting entity agreed to pass through to Your Health Plan(s) identified in response to question 5:

Contract	Contracting Entity	Year	Percentage of Rebates

VII. MEDICAID PROGRAMS *(only answer the questions in this section, if You answered "yes" to question 5 and identified Medicaid in Your response. If not, You may leave these questions blank.)*

26. If You identified Medicaid in response to question 5, identify every medical insurance plan or carrier used by your State Medicaid program during the Relevant Time Period. For each, please provide the following information:

Name	Dates Offered	Plan's Pharmacy Benefit Manager / Claims Processor

27. In the form of the table below, identify every State Medicaid plan offered during the Relevant Time Period. For each, please provide the following information:

Name of Medicaid Plan or Program	Delivery System (FFS, MCO, PCCM, limited benefit)	Dates Offered	Entity Responsible for Plan Administration

28. If you identified Medicaid in response to question 5, identify every Pharmacy Benefit Manager and other third-party administrator used by your State Medicaid program since January 1, 2011. For each response, please provide the following information:

Name of PBM or Third-Party Administrator	Relevant Dates	Name of Medicaid Plan or Program

VIII. MISREPRESENTATIONS AND OMISSIONS

29. In the form of the table below, identify every specific misrepresentation that a Defendant allegedly made that forms the basis of the allegations in Your lawsuit, of which You are currently aware, including the approximate date, the source, who received the statement, the reason why You believe the statement was false, and the Defendant(s) that made the statement:

Misrepresentation	Approx. Date	Source	Recipient	Basis that Statement is False	Defendant(s)

30. In the form of the table below, describe any omissions that a Defendant allegedly made that forms the basis of the allegations in Your lawsuit, of which You are currently aware, including the approximate date, any statement to which the omission relates, the reason why You believe a Defendant should have disclosed the omission, and the Defendant(s) that made the omission:

Omission	Approximate Date	Related Statement	Basis for Disclosure	Defendant(s)

IX. TIMING OF AWARENESS

31. Identify the earliest date on which You began investigating the pricing of Defendants' At-Issue Products for the purpose of bringing the present action: _____

_____

32. Identify all legal actions, investigations, or proceedings that were taken or initiated by You concerning the pricing of Defendants' At-Issue Products and the date on which they were first initiated:

_____

33. Identify when and how You first learned or discovered that Defendants' statements about the prices for the At-Issue Products were allegedly false, fraudulent, misleading, or deceptive:

_____

34. Identify the earliest date on which You learned of or discovered any other lawsuit filed against any Defendant related to insulin pricing, including *In re Insulin Pricing* (D.N.J., 2:17-cv-00699),

MSP LLC (D.N.J., 2:18-cv-02211), *Minnesota* (D.N.J., 2:18-cv-14999), *In re Direct Purchaser* (D.N.J., 3:20-cv-03426):

X. SELECTION OF PRESCRIPTION DRUG COVERAGE *(only answer the questions in this section, if You answered "yes" to question 5. If not, You may leave these questions blank.)*

35. In the form of the table below, identify any third-party services, advisors, consultants, or contractors used by Your Health Plan(s) identified in response to question 5, to provide consulting, research, analysis, accounting, financial advice, solicitation, selection, development, or other advice related to selecting or soliciting PBM services, or Prescription Drug Coverage for At-Issue Products during the Time Period, the approximate dates Your Health Plan(s) identified in response to question 5 used the third-party services, advisors, consultants, or contractors, a description of the services that entity provided, and the principal point of contact at the entity who is or was responsible for overseeing performance of the contract:

Third-Party Advisor (Advisor Name and Employer)	Approximate Dates	Description of Services	Point of Contact

36. For each advisor, consultant, or contractor You identified in Question No. 35, in the table below or through the production of documents, identify whether Your Health Plan(s) identified in response to question 5 received any presentations, reports, analyses, or memoranda related to Prescription Drug Coverage benefit design for At-Issue Products:

Third-Party Advisor	Received Presentations, Reports, Analyses, Memoranda

37. Did anyone acting on behalf of Your Health Plan(s) identified in response to question 5 conduct a request for proposal ("RFP") or similar process to solicit offers from or to otherwise identify PBMs to administer Prescription Drug Coverage? _____ Yes _____ No

If yes, in the form of the table below, identify each RFP or other solicitation made during the Time Period, any third-party advisor that assisted with the RFP or solicitation, the PBMs that the RFP or solicitation was sent to, and produce the RFP responses:

RFP or Solicitation	Third-Party Advisor	Date	PBMs Solicited

38. Are Your Health Plan's, identified in response to question 5, expenditures related to pharmaceuticals audited, either internally or by an external auditor? _____ Yes _____ No

If yes, in the form of the table below, identify each audit and produce the audit:

Audit	Person or Entity conducting the Audit	Date	Purpose of the audit

XI. *PARENS PATRIAE* CLAIMS

39. What sovereign or quasi-sovereign interest(s) do you allege are being advanced by this lawsuit?

_____

_____

40. In the form of the table below, identify any third-party advisors used by You to provide consulting or other advice related to out-of-pocket costs incurred by Your citizens in relation to the At-Issue Products in Your State during the Time Period, the approximate dates You used the third-party services, a description of the services that entity provided You, and the principal point of contact at the entity who is or was responsible for overseeing performance of the contract:

Third-Party Advisor (Advisor Name and Employer)	Approximate Dates	Description of Services	Point of Contact

41. Identify any task force, study, working group, initiative, or other investigatory body related to the cost of pharmaceutical products, including the At-Issue Products, created by You or in which You participated, and provide the dates of operation and a description of same. This question does not seek privileged information.

Task Force, Study, Working Group, or Other Initiative	Approximate Dates of Operation	Description of Operations and Objective(s)

42. Have You received any complaints about the cost of pharmaceutical products in Your state? _____ Yes _____ No

If yes, in the table below or through the production of documents, identify from whom You received the complaint, the approximate date of the complaint, the substance of the complaint, and Your response, if any.

Source of Complaint	Approximate Date of Complaint	Substance of Complaint	Your Response to Complaint

XII. DAMAGES AND OTHER RELIEF

43. For what period of time are You alleging damages?

_____

44. For each Defendant identified in Question No. 4, state how You claim You, or residents have been harmed by that Defendant's alleged conduct and identify the date when You allege that You, or residents, were first injured as a result of that particular Defendant's alleged conduct. This request is not designed to require an expert evaluation.

Defendant	Basis	Date

45. Are you seeking any damages on behalf of your citizens on a *parens patriae* basis?

_____ Yes _____ No

If yes, summarize the categories of damages or monetary relief that You allege.

_____
_____

46. Are You seeking any monetary relief based on an injury to the State itself? _____ Yes _____ No

If yes, summarize the categories of damages or monetary relief that You allege.
_____
_____

47. Are You seeking any injunctive relief? _____ Yes _____ No

If yes, summarize the conduct you seek to enjoin as to each defendant:

_____
_____

48. Are You seeking any remedy not covered by Questions No. 45- 47 above?

_____ Yes _____ No

If yes, identify each remedy that You seek:

_____

INITIAL DOCUMENT REQUESTS

Please produce the following documents for the Time Period in Your possession:

1. If asserting claims on behalf of State health plan(s) or Medicaid, each RFP seeking PBM services, including all amendments, riders, schedules, supplements, instructions, or other addenda that You issued during the Time Period.

2. If asserting claims on behalf of State health plan(s) or Medicaid, documents, including internal summaries, analyses, and presentations, reflecting Your State's Health Plan(s) identified in response to question 5, reasons for selecting or not selecting a PBM prescription drug benefit plan for each year, including bids, communications, RFPs, procurement rules, guidance documents, and documents relating to negotiation for Rebates.

3. If asserting claims on behalf of State health plan(s) or Medicaid, each contract, including amendments, riders, schedules, supplements, or other addenda that Your Health Plan(s) identified in response to question 5 entered into with a PBM, health insurer, third-party administrator, or any other entity through which you obtained price concessions for the At-Issue Products during the Time Period (e.g. MMCAP),.

4. If asserting claims on behalf of State health plan(s) or Medicaid, documents sufficient to identify the formularies for Your Health Plans identified in response to question 5 during the Time Period.

5. If asserting claims on behalf of State health plan(s) or Medicaid, for each benefit year for which you are seeking relief, documents relating to Your Health Plans identified in response to question 5, including documents sufficient to show: (1) the annual deductible(s), including separate deductible amounts or requirements for use of in-network versus out-of-network pharmacies, and any separate deductible amounts or requirements on individual versus family expenditures, (2) the copayment or coinsurance rate for each pharmaceutical tier, (3) the annual Out-of-Pocket Maximums, (4) the summary plan description, and (5) summaries of benefits and coverage associated with each of Your Health Plans identified in response to question 5 during the time period.

6. Documents received by You that reflect or relate to representations made by PBMs about their services or made by pharmaceutical manufacturers about their list prices.

7. If asserting claims on behalf of State health plan(s) or Medicaid, contracts with third-party advisors or auditors in effect during the Time Period that relate to prescription drug benefits, as well as any presentations, reports, analyses, or memoranda relating to prescription drug benefits Your Health Plans identified in response to question 5 chose or did not choose.

8. Documents relating to any study or analysis conducted or commissioned by You during the relevant time period that relates to Your population of diabetic citizens or considers whether consumers should pay for the At-Issue Products, and if so, how much consumers should pay.

CERTIFICATION

I declare under penalty of perjury that all of the information provided in this PFS is complete, true, and correct to the best of my knowledge and information, and that I have provided all of the requested documents that are reasonably accessible to me and/or my attorneys, to the best of my knowledge.

Signature	Date
Name (Printed)	Title